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CONFIRMATION NO. 5573

<b>SERIAL NUMBER</b> 10/649,793	<b>FILING DATE</b> 08/28/2003  <b>RULE</b>	<b>CLASS</b> 123	<b>GROUP ART UNIT</b> 3747	<b>ATTORNEY DOCKET NO.</b> 029211.52672US												
<b>APPLICANTS</b>  Gregory Cole, Melbourne, FL;  Brian Tews, Melbourne, FL; Robert Scaringe, Rockledge, FL; Russell Davis, Melbourne, FL; <div style="text-align: center; margin-top: 10px;">KBT</div>																
<b>** CONTINUING DATA *****</b> <div style="text-align: center; margin-top: 10px;">KBT</div>																
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center; margin-top: 10px;">KBT</div>																
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 11/26/2003</b>																
<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">           Foreign Priority claimed            35 USC 119 (a-d) conditions met            Verified and Acknowledged         </td> <td style="width: 40%;"> <table border="0"> <tr> <td><input type="checkbox"/> yes</td> <td><input checked="" type="checkbox"/> no</td> <td></td> </tr> <tr> <td><input type="checkbox"/> yes</td> <td><input checked="" type="checkbox"/> no</td> <td><input type="checkbox"/> Met after</td> </tr> </table> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></div> Allowance  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Examiner's Signature</span> <span>Initials</span> </div> </div> </td> <td style="width: 20%;"> <b>STATE OR COUNTRY</b>            FL         </td> <td style="width: 10%;"> <b>SHEETS DRAWING</b>            8         </td> <td style="width: 10%;"> <b>TOTAL CLAIMS</b>            33         </td> <td style="width: 10%;"> <b>INDEPENDENT CLAIMS</b>            1         </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<table border="0"> <tr> <td><input type="checkbox"/> yes</td> <td><input checked="" type="checkbox"/> no</td> <td></td> </tr> <tr> <td><input type="checkbox"/> yes</td> <td><input checked="" type="checkbox"/> no</td> <td><input type="checkbox"/> Met after</td> </tr> </table> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></div> Allowance  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Examiner's Signature</span> <span>Initials</span> </div> </div>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 1
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